



RAVALLI COUNTY

Application for Absentee Ballot

Including Request for Absentee Ballot
due to Illness or Health Emergency

Precinct No. _____ Voter ID _____

Ravalli County Election Office
215 S 4th Street, Suite C
Hamilton, MT 59840
(406) 375-6550

SUBMIT COMPLETED FORM NO SOONER THAN 75 DAYS BEFORE THE ELECTION AND NO LATER THAN NOON THE DAY BEFORE THE ELECTION.

Elector Name _____ Date of Birth: _____

County where registered RAVALLI Contact Phone: _____

Montana residence address _____
Street/Other _____ City _____ Zip _____

I hereby request an absentee ballot for the: ☐ Primary ☐ General ☐ Municipal ☐ Other _____
election to be held on _____, 20____

Address where ballot will be mailed: _____
Street/PO Box/Other _____ City/State/Zip _____

By signing below, I understand that I am officially requesting an absentee ballot. (Also sign affidavit at bottom of page if requesting due to illness or health emergency.)

Signature of Elector _____

Date Signed _____

OPTIONAL – Voter Information Pamphlet Request (an electronic version of this pamphlet can be found at sos.mt.gov)

☐ Please send current Voter Information Pamphlet, if applicable to this election

OPTIONAL – ANNUAL ABSENTEE LIST – Check one of the options below if you wish to be placed on the Annual Absentee List. I understand that I will be mailed an absentee ballot for elections that I am eligible to vote as long as I reside at the address listed above. I understand that in order to continue to receive an absentee ballot, I must complete, sign, and return a confirmation notice mailed to me by the county election office each year.

☐ **ALL ELECTIONS**

☐ **ONLY FEDERAL ELECTIONS**

NOTE: If you are a snow bird, college student, or will be out of the area, specify timeframe of when/where you will be and the mailing addresses:

From: _____ To: _____ Mailing Address: _____

From: _____ To: _____ Mailing Address: _____

If applicable, check one of the following: (Note: Ballots can be emailed to military or civilian overseas only)

☐ Military Domestic (or military spouse/dependent) – only if on active duty and will be absent from place of registration

☐ Military Overseas (or overseas military spouse/dependent)

☐ U.S. Civilian Overseas Provide email address if you want ballot emailed to you: _____

OPTIONAL - Designation of another person to pick up absentee ballot

I, the elector who signed above, hereby designate _____ to pick up my absentee ballot.

OPTIONAL - Receipt of absentee ballot by designee

On this _____ day of _____, 20____, I received the absentee ballot for the applicant named above.

Signature of designee _____

Date _____

WHERE TO RETURN VOTED BALLOT

Return voted absentee ballots to your county election office no later than close of polls on Election Day or to your polling place on Election Day.

County Election Office Address:
RAVALLI COUNTY ELECTION OFFICE
215 SOUTH 4TH STREET, SUITE C
HAMILTON, MT 59840

AFFIDAVIT OF ELECTOR (DUE TO ILLNESS OR HEALTH EMERGENCY)

Optional: I hereby declare that I am prevented from voting at the polls due to illness or health emergency occurring between 5:00 p.m. on the Friday preceding the election and noon on Election Day.

Signature of Elector and Date Signed _____

BALLOTS MAILED TO THE COUNTY ELECTION OFFICE MUST BE RECEIVED NO LATER THAN 8:00 PM ON ELECTION DAY. POSTMARKS DO NOT COUNT.